

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90248 001 \*\*\*\*61.25

704300



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N13510**

1. Entity Name

**GREENVIEW HOMEOWNERS' ASSOCIATION AT FLORIDA CEN**

Principal Place of Business

Mailing Address

6236 PEREGRINE CT.  
 ORLANDO FL 32819

6236 PEREGRINE CT.  
 ORLANDO FL 32819-7579

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2690261

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, GUILLERMO J SR  
 6204 PEREGRINE CT  
 ORLANDO FL 32819

Name Laverne Walker  
 Street Address (P.O. Box Number is Not Acceptable)  
6211 Peregrine Ct  
 City Orlando FL Zip Code 32819

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Laverne Walker*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**SEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	WALKER, LAVERNE	
STREET ADDRESS	6211 PEREGRINE CT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	GLASCOCK, JOANNE	
STREET ADDRESS	6203 PEREGRINE COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	BELLIGIO, MANUELA	
STREET ADDRESS	6208 PEREGRINE CT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, GUILLERMO	
STREET ADDRESS	6204 PEREGRINE CT.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	COPA, ANDREW	
STREET ADDRESS	6242 PEREGRINE CT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	MORA, LENORE	
STREET ADDRESS	6244 PEREGRINE CT	
CITY-ST-ZIP	ORLANDO FL 32819	

TITLE	<u>President</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<u>Secretary</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Kelly Harrington</u>	
STREET ADDRESS	<u>6215 Peregrine Ct</u>	
CITY-ST-ZIP	<u>Orlando, FL 32819</u>	
TITLE	<u>Vice President</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Bill Knight III</u>	
STREET ADDRESS	<u>6232 Peregrine Ct</u>	
CITY-ST-ZIP	<u>Orlando, FL 32819</u>	
TITLE	<u>Director</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Jim Scally</u>	
STREET ADDRESS	<u>6228 Peregrine Ct</u>	
CITY-ST-ZIP	<u>Orlando, FL 32819</u>	
TITLE	<u>Treasurer</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2000

Date

407-370-9206

Daytime Phone #

CR2E037 (9/99)